2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000044083

1. Entity Name
LOW KEY, LLC

Principal Place of Business	Mailing Address
2821 BELLE CHRISTIANE CR PENSACOLA, FL 32503	2821 BELLE CHRISTIANE CR PENSACOLA, FL 32503

DO NOT WRITE IN THIS SPACE

03072007No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-1269480
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CHANDLER, LISA
7116 FITZPATRICK RD
PENSACOLA, FL 32526

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	DAVIS, JEFF
STREET ADDRESS	2821 BELLE CHRISTIANE CR
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	MGRM
NAME	DIAS, VERONICA
STREET ADDRESS	1227 E. JACKSON ST.
CITY-ST-ZIP	PENSACOLA, FL
TITLE	MGRM
NAME	GORMLEY, JOHN
STREET ADDRESS	9667 QUAIL HOLLOW BLVD
CITY-ST-ZIP	PENSACOLA, FL 32514
TITLE	MGRM
NAME	CHANDLER, LISA
STREET ADDRESS	7116 FITZPATRICK RD.
CITY-ST-ZIP	PENSACOLA, FL 32526
TITLE	MGRM
NAME	GONZALEZ, HANK
STREET ADDRESS	4236 BRIGHTON DR.
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	MGRM
NAME	MANIS, WAYNE F
STREET ADDRESS	7244 E. HAYDEN CREEK RD.
CITY-ST-ZIP	HAYDEN LAKE, ID 83835

U00000697444
04/18/07-80042-001 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: D Jeffrey Davis 3/1/07 (850)435-1298
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #